

| (Requestor's Name) | | |
|---|---------------------------|--|
| (Address) | 600190749176 | |
| (Address) | | |
| (City/State/Zip/Phone #) | 01/12/1101014011 **78.75 | |
| (Business Entity Name) | | |
| (Document Number) | ₹S → | |
| Certified Copies Certificates of Status | JAN 12 ECRETARI | |
| Special Instructions to Filing Officer: | PH 1:02 STATE STE FLORIDA | |
| | | |

Office Use Only

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: Westwood Interior Classification Classification Characteristics (PROPOSED CORPORATION CORPORA | soning Inc. | |
|--|---------------------------------------|----------------------------|
| (PROPOSED CORPORA | ΓΕ NAMÉ – <u>MUST INC</u> | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation an | d a check for: |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | & Certificate of Status |
| | ADDITIONAL C | OPY REQUIRED |
| FROM: Ryan Lolly Name | | |
| 6017 Pine Ridge 12 | 14 175 | |
| Naples, FL 34/19 City, | Address | |
| (239) 31/8 81/81/ Daytime To | elephone number | |
| Westwoodic @ Gmo E-mail address: (to be used | | notification) |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II | PRINCIPAL OFFICE | | | |
|---|---|--|--|--|
| | Principal street address | Mailing ac | ddress, if different is: | |
| - | 2887 Tamiani Tr # b Naples FL 34112 | Player El | 341/9 | |
| Nabled LF 3-1117 | Naples FE | 2011/4 | | |
| ARTICLE III | PURPOSE | | | |
| The purpose for w | hich the corporation is organized is: | | | |
| Commercial | Juniforial Interior and Ex | iteriar Cleaning | | |
| | · | | | |
| | | | | |
| | | | | |
| ARTICLE IV | SHARES res of stock is: \00 | | | |
| The number of share | res of stock is: (U) | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRE | | —————————————————————————————————————— | |
| Name and Ti | tle: Kyan Lolly boly Pine Ridge 12 # 175 | Name and Title: Address: | 72 C | |
| Address. | Naples, FL 34119 | | | |
| | | | | |
| Name and Ti | tle: | Name and Title: | | |
| Address: | | Address: | | |
| | | | | |
| | | | | |
| Name and Ti | tle: | Name and Title: | | |
| Address: | | | | |
| | | | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| | rida street address (P.O. Box NOT accept | able) of the registered agent is: | | |
| Name: Address: | 18yan Lolly 6017 Pine Ridge ed # 175 | | | |
| Address. | Naples FL 34119 | | | |
| ADDIOLD III | INCORPORATOR | | | |
| ARTICLE VII The name and add | Iress of the Incorporator is: | | | |
| Name: | I Lyan Lolly | <u>.</u> | | |
| Address: | 8017 Pine Ridge Nd #175 Naples FL 34119 | | | |
| | 1000102 FD 3 1111 | | | |
| | ed as registered agent to accept service of | | | |
| this certificate, Lai | n familiar with and accept the appointmen | t as registered agent and agree to a | ict in inis capacity | |
| 7 (| 4. | | 1/8/11 | |
| / | Required Signature/Registered Age | ent | Date | |
| l makanis shin dan | | | folco information cubmitted in | |
| i suomu inis aoci. document to the D | ment and affirm that the facts stated her epartment of State constitutes a third degre | ein are irue. 1 um aware inui ine e felony as provided for in s.817.15 | jaise injormuuon suomuuen in 85, F.S. | |
| | | a compression of the compression | 1 1 | |
| X /~ | , / | | 1/8/11 | |